**NACM Award Nomination Form**

Nominations should be submitted to Theresa Henning at nacm@yournacm.com or faxed to 402-441-4335 by no later than Friday, August 10, 2018. Please note that your nominee references will be asked via email to complete a survey on the nominee.

**IDENTIFYING DATA OF PERSON NOMINATING:**

Name:       Organization:

Address:

Contact Phone Number (list office and cell if applicable):

Address:

**IDENTIFYING DATA OF NOMINEE:**

Name of Individual or Contact Person if Nominating an Organization/Program:

Program (if applicable):       Organization:

Address:

Contact Phone Number:

Email Address:

Is this person registered to attend the conference? [ ]  Yes [ ]  No

If no, will they be attending if awarded and/or is there someone to accept the award on their behalf (list person)?

**NOMINEE REFERENCES:**

Please list three nominee references that would be able to rate the nominee based on the questions:

Name:       Email Address:

Name:       Email Address:

Name:       Email Address:

**WHICH AWARD ARE YOU NOMINATING FOR?**

[ ]  Xcel Award (also complete “Xcel Award Nomination”)

[ ]  Innovations in Case Management Practice (also complete “Innovations in Case Management Practice Nomination)

**Xcel Award Nomination**

**WHICH CATEGORY ARE YOU NOMINATING FOR?**

[ ]  Case Manager/Service Coordinator

[ ]  Peer Case Manager/Service Coordinator

[ ]  Case Manager/Service Coordinator Supervisor

[ ]  Case Management/Service Coordination Program/Organization

**NOMINATION APPLCIATION:** Please attach a document that addresses the following questions.

1. Please describe the service(s) provided by the nominee.
2. Please describe how the individual/organization demonstrates (via actions, events) the following personal qualities and/or values in their work:
* Works effectively with other stakeholders
* Solves problems creatively
* Advocates for persons served
* Advances self-determination for persons served
* Advances recovery/resiliency for persons served
1. Are there any other distinct qualities of the individual/organization which merit recognition?
2. Is there any other information that you might like the committee to consider in making their decision?

**SIGNATURE**

I certify this application to be true to the best of my knowledge.

Signature of Person Nominating Date

**Innovations in Case Management Practice Nomination**

The award winner of the Innovations in Case Management Practice Award, sponsored by SAM, Inc. will receive reimbursement for airfare, meals during the conference and travel, conference registration, and hotel for one person to the 2019 Conference.

**NOMINATION APPLCIATION:** Please attach a document that addresses the following questions.

1. Please describe the service(s) provided by the nominee, including purpose of each service.
2. What are the specific methods the nominee utilizes to provide the service?
3. Please describe the innovative features of the service provided by the nominee.
4. Please describe the evidence of the effectiveness of the service being provided?
5. Please offer any evidence that the service is:
	* Mobile
	* Able to replicate across programs or staff
	* Fiscal viable
	* Efficient (e.g. has a positive effect on productivity)
6. Is there any other information that you might like the committee to consider in making their decision?

**SIGNATURE**

I certify this application to be true to the best of my knowledge.

Signature of Person Nominating Date